

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Application or Docket Number

09681258

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	24	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	24 minus 20 =	4
INDEPENDENT CLAIMS	4 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY	
RATE	FEES	RATE	FEES
BASIC FEE	355.00	OR	BASIC FEE
X30=		OR	710.00
X40=		OR	X518=
+135=		OR	X80=
TOTAL		OR	+270=
		OR	TOTAL

6-2104 CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	24	24	
Independent	4	4	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

SMALL ENTITY		OTHER THAN OR SMALL ENTITY	
RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X30=		OR	X518=
X40=		OR	X80=
+135=		OR	+270=
TOTAL ADDT. FEE		OR	TOTAL ADDT. FEE

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	24	24	
Independent	4	4	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE		ADDI- TIONAL FEE	
X30=		OR	X518=
X40=		OR	X80=
+135=		OR	+270=
TOTAL ADDT. FEE		OR	TOTAL ADDT. FEE

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	25	24	1
Independent	5	4	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE		ADDI- TIONAL FEE	
X30=		OR	X518=
X40=		OR	X80=
+135=		OR	+270=
TOTAL ADDT. FEE		OR	TOTAL ADDT. FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-675
(Rev. 6/99)

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